

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC-21 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Livingston
Township Chillicothe
City Jesse (No. St. Ward)

Registration District No. 508

Primary Registration District No. 2674

File No. 41807

Registered No. 157

2. FULL NAME Jessie A. Roney

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Minnie Roney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 25, 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

62

10

5

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

farmer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year).....

11. Total time (years)
spent in this
occupation.....

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Missouri

13. NAME

John Roney

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ireland

15. MAIDEN NAME

Jane McCleary

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Missouri

17. INFORMANT
(ADDRESS)

Minnie Roney
R. 3 Chillicothe, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Ridge DATE 12-1 1937

19. UNDERTAKER
(ADDRESS)

F. O. Norman
Chillicothe, Mo

20. FILED

Dec. 1 1937 L. D. Russell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 1 1935 to Nov 30 1937

I first saw him live on Nov 29 1937 Death is said

to have occurred on the date stated above, at 9:00 am.

The principal cause of death and related causes of importance were as follows:

Date of onset

Diabetes Mellitus

1934

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis..... Was there an autopsy? W

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) L. D. Russell M. D.

(Address) Chillicothe Mo

